FRIENDS Factsheet
NATIONAL RESOURCE CENTER FOR CBCAP #15

Home Visiting Programs: A Brief Overview of Selected Models

Introduction

Congress recognized the preventative value of home visitation in the legislation authorizing Title II of the Child Abuse Prevention and Treatment Act, the "Community-Based Grants for Child Abuse and Neglect Prevention (CBCAP), when it identified home visiting as one of the core child abuse and neglect prevention services that state CBCAP lead agencies are to fund if practicable. A significant number of state CBCAP programs are funding a variety of home visitation models (FRIENDS, 2007). The purpose of this document is to provide an overview of selected programs, but is not meant to be a comprehensive review of the home visitation research, which has burgeoned in recent years (see Gomby, 2005).

Research evidence in the late 1980's and early 1990's provided promising results for the effectiveness of home visiting programs. Such programs first received heightened national recognition in 1991 from The U.S. Advisory Board on Child Abuse and Neglect, which gave top priority to its recommendation for universal neonatal home visitiation as a child abuse prevention strategy (U.S. Advisory Board on Child Abuse and Neglect, 1991). In 2003, the Centers for Disease Control's systematic review of the literature led them to conclude that home-visiting programs can be effective in reducing maltreatment (Centers for Disease Control, 2003; Hahn, 2005).

Since the early 1990's, private and public funding for home visiting programs increased greatly and the research field has blossomed. Home visiting programs now number in the thousands (Gomby and Colross, 1999; Gomby, 2005). One estimate suggests that as many 400,000 children and families are being reached by home visiting programs annually across the nation at a cost of perhaps $750 million to $1 billion (Gomby, 2005).

A variety of home visiting models exist and differ in many technical aspects, such as the target population, the experience and credentials of the home visitor, the duration and intensity of the visits, and the end goal or focus of the intervention. Yet, the common ground that unites home visiting program models is the importance placed on infant and child development from birth to three years, the idea that parents play a pivotal role in shaping children's lives, and that often the best way to reach families with young children is by bringing services to their front door. Home visitors can view the environments in which the families live, gain a better understanding of the families needs, and therefore tailor services to meet those needs (Gomby, 2005).

What Does the Research Say?

The literature has shown that home visiting programs *can* produce benefits for children and parents (See abstracts below for selected model programs). However, most programs, with a few exceptions, produce modest benefits. Services appear to be most beneficial for families when the initial need is greatest or where parents perceive that children need the services because of low birthweight, special needs or behavioral problems. The most successful home visiting efforts with longer lasting results are those that are offered in conjunction with center based early childhood education. Focusing on the intensity of services that families receive, bolstering home visitors' skills and improving the content of the home visiting curriculum could significantly improve the quality of current home visiting services (Gomby, 2005)

Employing additional characteristics that have been identified in effective home visiting programs could also improve the expected outcomes (Daro, 2006):

- Internal consistency (do what they say they will do),
- Long-term availability,
- Parents approached as partners,

- Well trained and well supervised program staff,
- Home visitors with capacity to form relationships and model positive relationships with families,
- Low caseloads (12-15), and
- Linkages to other services in the community.

Though there is a large body of research evidence in support of home visiting services, the field is not without some disagreement. A randomized trial by Duggan and colleagues (2004), considered to be a well conducted study, found that the Healthy Start Hawaii program (the predecessor to Healthy Families America) was ineffective in preventing either self-reported or officially reported child maltreatment (See abstract below). In an invited commentary for *Child Abuse and Neglect*, Chaffin (2004) questioned whether child abuse prevention advocates have too eagerly accepted the effectiveness of home visiting programs based on weak research evidence (Chaffin, 2004).

Many prevention advocates and researchers who are well-versed in the home visiting literature responded by acknowledging that on-going research and evaluation is critical to developing quality programs and services. Therefore, it has been recommended that home visiting programs and models strive to be "learning organizations" and use data to further their decision-making regarding program improvements. Some concede that home visiting programs were never intended to be a silver bullet for all that afflicts families, and must be used to help connect families to additional services if needed. Moreover, the nature and quality of program implementation has a critical impact on intervention effectiveness. The relative importance of program logistics (e.g., type of home visitor, staff retention, family retention, duration of services) is still somewhat controversial in home visiting discussions, but adherence to program fidelity is crucial to deliver desired results. All of these considerations must be taken into account when selecting a home visiting model that best serves the special needs of the local community. (Oshana, et al, 2005; Daro, 2005; Hahn, 2005)

Challenges for Implementation

A myriad of challenges exist for implementation of successful home visitation efforts. It is important to note that programs are not universally successful — 20-30% families don't participate long enough for expected outcomes to emerge, especially for families with mental health, substance abuse or domestic violence issues who are typically much harder to engage. In addition, the agencies that provide mental health, health, foster care/child protective services that must interact with families can impose their own set of barriers and challenges (Daro, 2006). The working conditions for home visitors also pose additional challenges, especially when available resources are insufficient. High turnover, low levels of compensation, and safety issues for home visitors can compromise program fidelity and the overall quality of the program (Staker, 2006).

When selecting a home visiting model for community implementation, the following considerations should be taken into account: the level of research support for that particular model and the available resources in the community to adhere to the model's goals, objectives, and implementation. For example, if the model requires nurses to staff the home visits, the agency will need to assess if it is feasible to hire that type of staff. Model fidelity, that is providing services the way the model intends, is crucial for achieving positive results. This relates to, for example, the number of visits per year, length of visit, type of home visitor, staff training, supervision, and other program aspects that are critical to its documented success.

The following descriptions of seven home visiting programs identify each model's target population, service intensity/duration, intended program outcomes, and approximate cost per family per year. Selected research references have been included as well, since all of these program models have some level of research to support their effectiveness.

Models of Home Visiting

Healthy Families America (HFA)

Target Population: At risk families identified by Family Stress Checklist and Kempe Assessment, Enrollment before child reaches 3 months of age continuing to age 5.

Service Intensity/Duration: Weekly home visits are done by trained paraprofessionals during at least the first six months of the child's life with intensity decreasing based on family need.

Intended Outcomes: Positive parent-child bonding, optimal child health and development, enhanced parental self-suffi-

ciency, and prevention of child abuse and neglect.

Approximate Cost: $3,500 per year/per family

Selected Research References:

- Daro, Deborah A. and Kathryn A. Harding. (1999). Healthy Families America: Using research to enhance practice. *The Future of Children, 9*(1). This article provides a summary and references for the initial HFA research network. The HFA research network includes 50 researchers, 25 states, and 35 evaluation studies. The research network had conducted 16 pre-post, 11 quasi-experimental and 8 randomized trials.
- Harding, K., Reid, R, Oshana, D., & Holton, J. (2004). Initial results from the HFA Implementation Study. National Center on Child Abuse Prevention Research. Prevent Child Abuse America: Chicago, IL. The sample for this study is derived from approximately 100 sites in nine states. The study reveals that sites vary their implementation in ways that affect family outcomes. Fact sheets are available from the study on family and staff retention, service content, service intensity, and site characteristics. The study found that about half of the participating families remain in the program for at least one year. Additionally, older sites and those with high staff retention had higher family retention, and family retention was also greater when mothers and home visitors were of the same race/ethnicity.
- Duggan, A., McFarlane, E., Fuddy, L., Burrell, L., Higman, S. M., Windham, A., & Sia, C. (2004). Randomized trial of a statewide home visiting program: impact in preventing child abuse and neglect. *Child Abuse & Neglect, 28*, 597–622. This article presents the results of a large randomized trial of the Healthy Start home-visiting prevention program. Because of its large sample size, true randomized intent-to-treat design, it is considered among the best conducted and most important field studies of the Healthy Start/Healthy Families model. The study was conducted in Hawaii and measured parent behavior directly from parent self-report as well as from official child welfare records, and tracked changes in a variety of possible mediating and moderating factors. The main finding of the study is that the program was ineffective in preventing either self-reported or officially reported child maltreatment.
- Galano, J, ed. (2007). SPECIAL ISSUE: The Healthy Families America Initiative: Integrating Research, Theory and Practice. *Journal of Prevention & Intervention in the Community,* Volume 34, Issue 1/2. The entire issue is devoted to research issues related to evaluation of the Healthy Families America home visiting model. One article summarized the research to date: Healthy Families America® Effectiveness: A Comprehensive Review of Outcomes by Kathryn Harding, Joseph Galano, Joanne Martin, Lee Huntington, Cynthia Schellenbach. This paper reviews 33 evaluations of Healthy Families America sites, with emphasis on 15 studies that include a control or comparison group. Outcome domains include child health and development, maternal life course, parenting, and child maltreatment. Parenting outcomes (e.g., parenting attitudes) show the most consistent positive impacts. Mixed results in other domains indicate the need for in-depth research to identify factors associated with better outcomes. Several factors that may contribute to differences in outcomes are discussed, including site implementation and quality, differences in family risk levels, and recent augmentations to program design. The paper also highlights two large-scale evaluations, one community-wide (Hampton, Virginia) and one statewide (Indiana), to illustrate exemplary evaluation approaches found in HFA research.

Website: www.healthyfamiliesamerica.org

Home-based Instruction for Parents of Preschool Youngsters (HIPPY)

Target Population: Universal, children ages 3-5

Service Intensity/Duration: Bi-weekly home visits and bi-weekly group meetings for two to three years. Home visitors are members of the participating communities and are also parents in the program. Visitors are supervised by a professional coordinator.

Intended Outcomes: Early literacy, school readiness, and parental involvement.

Approximate Cost: $1,250 per year/per family

Selected Research References:

- Baker, AJL., Piotrkowski, CS., and Brooks-Gunn, J. (1998). The effects of the Home Instruction Program for Preschool Youngsters (HIPPY) on children's school performance at the end of one year and one year later. *Early Childhood Research Quarterly 13*, 571-88. An experimental evaluation of HIPPY at a NY program site, with a nonrandomized comparison group at an Arkansas site, to assess program effectiveness. At each site, two cohorts of families participated. For Cohort I, children who had been enrolled in HIPPY scored higher than children in the control/comparison groups on measures of cognitive skills (New York), classroom adaptation (New York and Arkansas), and standardized reading (New York); and more children were promoted to first grade (Arkansas). For Cohort II, comparison group children outperformed HIPPY children on school readiness and standardized achievement at post-test (Arkansas).
- Bradley, RH, and Gilkey, B. (2002). The impact of Home-based Instruction for Parents of Preschool Youngsters (HIPPY) on school performance in 3rd and 6th grade. *Early Education and Development 13*(3), 301-11. Used post hoc matching design to compare preschool educational experiences with older grade outcomes.

Website: www.hippyusa.org

Nurse-Family Partnership

Target Population: First-time, low-income mothers, early pregnancy through age 2 (families must enroll in early pregnancy)

Service Intensity/Duration: Home visits occurring weekly to monthly conducted by public health nurses for approximately 3 years.

Intended Outcomes: Improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment, and improved school readiness.

Approximate Cost: $5,000 per year/per family

Selected Research References:

The Nurse-Family Partnership home visiting program has been tested in three separate randomized controlled trials. These studies have found consistent improvements in maternal and child health for mothers and children visited by NFP nurses compared to those randomly assigned not to receive the program. There were consistent effects in at least two of the three trials in the intended outcomes highlighted above. A few of the selected studies:

- Olds, David L., Henderson, Charles R., Kitzman, Harriet J., Eckenrode, John J., Cole, Robert E., Tatelbaum, Robert C. (1999). Prenatal and infancy home visitation by nurses: Recent findings. *The Future of Children, 9*(1). This article describes a 20-year program of research on the nurse home visitation program, which includes the results of two randomized trials (Elmira, Memphis), as well as longitudinal results from these sites.
- Olds D, Henderson CR Jr, Cole R, Eckenrode J, Kitzman H, Luckey D, Pettitt L, Sidora K, Morris P, Powers J. Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *JAMA*. 1998 Oct 14;280(14):1238-44. This provides the most recent results from the Elmira site. Study found that this program of prenatal and early childhood home visitation by nurses can reduce reported serious antisocial behavior and emergent use of substances on the part of adolescents born into high-risk families.
- Olds DL, Kitzman H, Cole R, Robinson J, Sidora K, Luckey DW, Henderson CR Jr, Hanks C, Bondy J, Holmberg J. Effects of nurse home-visiting on maternal life course and child development: age 6 follow-up results of a randomized trial. *Pediatrics*. 2004 Dec;114(6):1550-9. This provides the most recent results from the Memphis site. This program of prenatal and infancy home-visiting by nurses continued to improve the lives of women and children at child age 6 years, 4 years after the program ended.

- Olds DL, Robinson J, Pettitt L, Luckey DW, Holmberg J, Ng RK, Isacks K, Sheff K, Henderson CR Jr. Effects of home visits by paraprofessionals and by nurses: age 4 follow-up results of a randomized trial. *Pediatrics*. 2004 Dec;114(6):1560-8. This provides the most recent results from the Denver site. Paraprofessional-visited mothers began to experience benefits from the program 2 years after the program ended at child age 2 years, but first-born children were not statistically distinguishable from their control group counterparts. Nurse-visited mothers and children continued to benefit from the program 2 years after it ended. The impact of the nurse-delivered program on children was concentrated on children born to mothers with low levels of psychologic resources.

Website: www.nursefamilypartnership.org

Healthy Steps

Target Population: Low to medium risk parents of children ages birth to 30 months of age.

Service Intensity/Duration: The Healthy Steps protocol recommends six home visits done by a nurse, child development specialist, or a social worker.

Intended Outcomes: Development of a close relationship between health care professionals and parents to address the physical, emotional, and intellectual growth and development of children from birth to age three, removal of environmental hazards while in the home, improvement of parents understanding of child development.

Approximate Cost: Between $402 and $933 per family in 2000 dollars.

Selected Research References:

- Bernard Guyer et al. (2003). *Healthy Steps: The First Three Years*. Nancy Hughart and Janice Genevro, eds. Women's and Children's Health Policy Center, Department of Population and Family Health Sciences, Johns Hopkins Bloomberg School of Public Health. Baltimore, Maryland. Fifteen of the original 24 sites were included in the independent national program evaluation, which was charged with assessing the process, outcomes, costs, and sustainability of the program. The sample included 5,565 children and their parents (intervention and control) enrolled at birth and being followed through 5 1/2 years of age. At six sites, newborns were assigned randomly to the intervention or control group; at nine sites, a quasi-experimental design was used and a comparison location for the Healthy Steps practice was selected. The final report of the National Evaluation of Healthy Steps for Young Children found increase in the amount of preventive health services children received, improved clinicians' and families' satisfaction with pediatric care, and added value to the pediatric practices and enriched relationships between families and the practice. Also found were improvements in the overall quality of primary pediatric care; reduction in use of severe physical discipline by parents; increased provision of development assessments to young children; and increased assistance to mothers exhibiting depressive symptoms
- Minkovitz CS, Hughart N, Strobino D, Scharfstein D, Grason H, Hou W, Miller T, Bishai D, Augustyn M, McLearn KT, Guyer B. (2003). A Practice-Based Intervention to Enhance Quality of Care in the First 3 Years of Life: The Healthy Steps for Young Children Program. *JAMA*. 290:3081-3091. Numerous positive outcomes were reported from the 15-site national evaluation. The evaluation sample included 5,565 children and their parents (intervention and control) enrolled at birth and followed for three years. At six sites, newborns were assigned randomly to the intervention or control group; at nine sites, a quasi-experimental design was used and a comparison location for the Healthy Steps practice was selected. With respect to discipline practices, Healthy Steps had a positive effect on reducing parental use of harsh discipline strategies, particularly severe physical discipline. Healthy Steps parents also were found to interact more positively with their young children, being more sensitive to their child's cues.

Website: www.healthysteps.org

Parents as Teachers

Target Population: Universal, Pregnancy through age 5

Service Intensity/Duration: Home visits weekly to monthly by trained paraprofessionals from pregnancy through age 5. Families can enroll any time during this period.

Intended Outcomes: Increased parent knowledge of early childhood development and improved parenting practices, early detection of developmental delays and health issues, prevention of child abuse and neglect, increased school readiness.

Approximate Cost: $2,000 per year/per family

Selected Research References:

- *Wagner, M. & Clayton, S. (1999). The Parents as Teachers program: Results from two demonstrations. In Home Visiting: Recent Program Evaluations. The Future of Children. Vol 9, No. 1.* In a randomized trial, children of adolescent mothers who received PAT services in combination with case management were less likely to be subjects of child abuse investigations than adolescent mothers in the control group who received neither PAT nor case management.
- Wagner, M., Iida, E. & Spiker, D. (2001). *The Multisite evaluation of the Parents as Teachers home visiting program: Three-year findings from one community.* Menlo Park, CA: SRI International. Obtained from www.sri.com/policy/cehs/early/pat.html. Results of a randomized trial in one urban community point to the potential of the PAT program to prevent or reduce the incidence of child maltreatment among low-income adolescent parents. Researchers compared the effects of PAT on teen mothers as compared to older mothers, and found that they showed greater improvement in knowledge of discipline and were more likely to report being "very happy" in the previous year of taking care of their child. Teen mothers in the treatment group also improved their efforts to read aloud to their child, involve themselves in their child's life, and organize their home environment in a more appropriate way.
- Pfannenstiel, J. C., & Zigler, E. (2007). *Prekindergarten experiences, school readiness and early elementary achievement.* Unpublished report prepared for Parents as Teachers National Center. Important findings from this study conducted in Missouri are that parents in the PAT program read more frequently to their young children and were more likely to enroll their children in preschool, both of which were linked to school readiness and later school achievement. Also, PAT shows promise for narrowing the achievement gap between low income students and more affluent students. For example, 82% of the poor children were ready for kindergarten, as compared to 81% of their more affluent peers with no preschool or PAT participation. Pfannenstiel et. al. has also conducted numerous quasi-experimental design studies dating from 1985 to recently that document reduced likelihood of child abuse and neglect.

Website: www.parentsasteachers.org

The Parent-Child Program

Target Population: At-risk parents, children ages 16 months through age 4

Service Intensity/Duration: Home visits twice weekly for 30 min. each visit for 2 years (23 weeks/46 visits is minimum amount of weeks/visits that constitute a program year). The local sponsoring agency hires a site coordinator who is then trained by The Parent-Child Home Program's National Center. These Site Coordinators then recruit and train Home Visitors.

Intended Outcomes: Early literacy, increased school readiness, enhanced social-emotional development, and strengthened parent-child relationships.

Approximate Cost: $2,400 per year/per family

Selected Research References:

- Kamerman, S.B. & Kahn, A.J. (1995). *Starting Right*. New York: Oxford University Press. The Mother-Child Home Program has a body of rigorous research documenting that this type of intervention with 2 and 3-year-olds 'at risk' has lasting impact on school performance, high school completion, and cognitive development. There are measurable positive impacts

as well as on mothers' verbal behavior with their children." (Page 161).

- Levenstein, P., Levenstein, S., and Oliver, D. (2002). First grade school readiness of former participants in a South Carolina replication of the Parent-Child Home Program. *Journal of Applied Developmental Psychology,* 23, 331-353. This study compared first-graders who had participated in PCHP to first-graders in their community and state on the Cognitive Skills Assessment Battery (CSAB), which is given to all children in the state when they enter first grade. The PCHP graduates were indistinguishable from others in the state, even though all children in the PCHP group were from low-income, high-risk families. When compared with children from similar socioeconomic backgrounds, PCHP graduates' rates of passing the CSAB were significantly higher than their peers'.
- Allen, L., Astuto, J., and Sethi, A. (2003). The Role of Home Visitors' Characteristics and Experiences in the Engagement and Retention of Parent-Child Home Program Participants. Report commissioned for the Harvard Family Research Project, May 2003. The study found that home visitors had diverse backgrounds in education, most lived in the communities they served, and all were women. Home visitors had 16 hours of training before working with families.

Website: www.parent-child.org

Early Head Start

Target Population: Infants and toddlers from low income families, 10% of enrollees are children with disabilities

Service Intensity/Duration: Each family receives one 90-minute visit per week, totaling 52 visits per year. Visits are done by professionals who receive training in child development, family development, and community building.

Intended Outcomes: positive child development, school readiness, infant/toddler and maternal mental health, and successful social relationships

Approximate Cost: In 2002, the average cost per child was $10,544.

Selected Research References:

- Administration for Children and Families. (2002- Rev. 2004). Making a difference in the lives of infants and toddlers and their families. The impact of Early Head Start. Washington, DC: US Department of Health and Human Services. The Early Head Start Research and Evaluation Project includes studies of the implementation and impact of Early Head Start. The research was conducted in 17 sites. In 1996, 3,001 children and families in these sites were randomly assigned to receive Early Head Start services or to a control group. This was the first major study from this project. It found that 3-year-old early Head Start children performed significantly better on a range of measures of cognitive, language and social-emotional development than the control group. In addition, their parents scored significantly higher than the control parents on many aspects of the home environment and parenting behavior. Additional research briefs have been published based on findings from this study (See OPRE site below).
- Vogel, C., Aikens, N., Burwick, A., Hawkinson, L., Richardson, A., Mendenko, L., Chazan-Cohen, R. (2006). *Findings from the Survey of Early Head Start Programs: Communities, Programs, and Families*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families. Survey of Early Head Start Programs was designed to build on the earlier impact and implementation studies to provide information to support program improvement in Early Head Start. Five main research questions guided the study: What are the characteristics of Early Head Start programs?; Who is served by Early Head Start programs?; What services do Early Head Start programs provide?; How are Early Head Start programs managed and staffed?; Do key program subgroups differ in their characteristics? If so, how?
- Chazan-Cohen, R. et al. (2007). It takes time: Impacts on Early Head Start that lead to reductions in maternal depression two years later. *Infant Mental Health Journal*. Special Issue: Infant Mental Health

in Early Head Start. Vol 28(2). The Early Head Start Research and Evaluation project, a random assignment evaluation, found a broad pattern of positive impacts for children and families.

Website: Early Head Start National Resource Center www.ehsnrc.org

Administration on Children and Families Child Outcomes Research and Evaluation, OPRE: http://www.acf.hhs.gov/programs/opre/index.html

Resources

ZERO TO THREE/National Center for Infants, Toddlers and Families: www.zerotothree.org

The Center for Home Visiting: www.unc.edu/~uncchv

The Child Welfare Information Gateway: www.childwelfare.gov/famcentered/services/homevisiting.cfm

Harvard Family Research Project -Home Visit Forum: www.gse.harvard.edu/hfrp/projects/home-visit/index.html

Additional References

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Daro, Deborah. (2006). Early Child Development and Home Visitation: Bringing Lessons into the Living Room. Presentation at Urban Institute, April 13, 2006. Audio available at www.urban.org/Pressroom/thursdayschild/apr2006.cfm?renderforptint=1.

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Oshana, Domarina. (2005). Letter to the Editor: Response to Chapin (2004). *Child Abuse & Neglect, 29* (2005) 219–228

Staker, Martha. (2006). Early Child Development and Home Visitation: Bringing Lessons into the Living Room. Presentation at Urban Institute, April 13, 2006. Audio available at www.urban.org/Pressroom/thursdayschild/apr2006.cfm?renderforptint=1

U.S. Advisory Board on Child Abuse and Neglect. *Creating caring communities: Blueprint for an effective federal policy on child abuse and neglect.* Washington, DC: U.S. Government Printing Office, 1991.

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